

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						10/591,431	09-01-06						
						APPLICANT(S)							
16-110 CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1		1		51							
2	1	1		1		52							
3	2	1		1		53							
4	0	1		1		54							
5	0	1		1		55							
6	0	1		1		56							
7	1	1		1		57							
8	0	1		1		58							
9	1	1		1		59							
10	1	1		1		60							
11	2	1		1		61							
12	0	1		1		62							
13	1	1		1		63							
14	0	1		1		64							
15	8	1		1		65							
16						66							
17					1	67							
18						68							
19						69							
20						70							
21						71							
22						72							
23						73							
24						74							
25						75							
26						76							
27						77							
28						78							
29						79							
30						80							
31						81							
32						82							
33						83							
34						84							
35						85							
36						86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	1	1	1	1	1	TOTAL IND.							
TOTAL DEP.	16	16	14	14	16	TOTAL DEP.							
TOTAL CLAIMS	17	17	15	15	17	TOTAL CLAIMS							